

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number
10/734262
00862.023372.

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>6</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>6</i> minus 20 =	<i>14</i>
INDEPENDENT CLAIMS	<i>3</i> minus 3 =	<i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	<input type="checkbox"/>
X43=		OR X86=	<input type="checkbox"/>
+145=		OR +290=	<input type="checkbox"/>
TOTAL		OR TOTAL	<i>770</i>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* <i>9</i>	Minus	** <i>20</i> = <input type="checkbox"/>
	Independent	* <i>3</i>	Minus	*** <i>3</i> = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		OR XS18=	<input type="checkbox"/>
X43=		OR X86=	<input type="checkbox"/>
+145=		OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* <i></i>	Minus	** <i></i> = <input type="checkbox"/>
	Independent	* <i></i>	Minus	*** <i></i> = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		OR XS18=	<input type="checkbox"/>
X43=		OR X86=	<input type="checkbox"/>
+145=		OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* <i></i>	Minus	** <i></i> = <input type="checkbox"/>
	Independent	* <i></i>	Minus	*** <i></i> = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		OR XS18=	<input type="checkbox"/>
X43=		OR X86=	<input type="checkbox"/>
+145=		OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.